

# VERIFICATION OF CALIBRATION REPORT 1

of Datamaster cdm  
State of Alaska

DEC 22 2009

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

|  |  |                                  |                               |
|--|--|----------------------------------|-------------------------------|
| Supervisor/Operator Performing the Verification Procedure: |  | Datamaster cdm S/N               | 130150                        |
| A  | Name <u>AW Anderson</u>                          | ID# <u>2467</u>                  | Date <u>12/17/09</u>          |
|  | Agency <u>Seldovia Police Dept.</u>              | Phone #                          | <u>(907) 234-7640</u>         |
|  | Instrument Location <u>Seldovia Police Dept.</u> |                                  |                               |
| B  | Alco S/N <u>X301530</u>                          | Target Value <u>.078</u>         | High Pressure <u>600 PSI</u>  |
|  | Alco Test Value Average <u>.074</u>              | 1 <sup>st</sup> Alco <u>.075</u> | 2 <sup>nd</sup> Alco <u>-</u> |
|  | Signature <u>AW Anderson</u>                     |                                  |                               |
| (OVER)   |  |                                  |                               |

(Do Not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Nita J. Bolz  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 9th day of Jan 2010

Carolyn M. Noland  
(Notary Seal Stamp)  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



